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ORAL HYGIENE

April, 1921
Volume XI, No. 4

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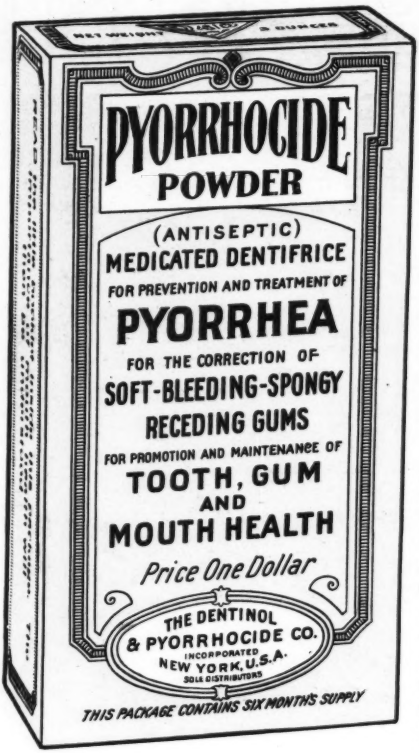

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1480 Broadway **New York**

ORAL HYGIENE

A JOURNAL FOR DENTISTS

VOLUME XI APRIL, 1921 NUMBER 4

FREE DENTAL DISPENSARIES

[Copyright: 1921: By The Chicago Tribune.]

In olden days the methods of dentistry were crude and painful.

Now every up-to-date city has well equipped free dental clinics which save the teeth of poor children who otherwise would go through lives of pain.

Less than 200 years ago the blacksmith did extracting of teeth.

Some cities, like Rochester and Boston, have splendidly equipped dental dispensaries, endowed by philanthropists who knew where their benefactions would do the most good.

As Cruikshank depicted the third quarter of an hour of a tooth-pulling engagement.

How the free dental dispensary was first established.

Cartoonist McCutcheon turns his attention to dentistry. The first sketch is from ORAL HYGIENE'S famous Egyptian cover. The cartoon is reproduced by special permission from the Chicago *Tribune*.

Three Great Problems in Dental Education

By EUGENE S. TALBOT, M.D., D.D.S., Chicago, Illinois

THE three great problems in dental education today are, first, what shall we do with the teeth of the school children; second, what shall we do with the dental schools; and third, what shall we do with the dental profession.

The evolution of dental thought and dental requirements have progressed so rapidly in the past few years that it has almost taken the breath away. The dental profession is so stunned by the blow it has received that it will take some time to recover from the shock.

The shock is due to three causes: First, because we are an uneducated profession; second, because our training has been along the line of mechanics; and third, because our knowledge of pathology is not up to the present requirements.

The three great diseases of the body which have been set apart for us to treat are decay of the teeth, interstitial gingivitis and irregularities of the teeth. We know so little of either one of these diseases that we are unable to offer even a suggestion in regard to prevention.

After 80 years of schooling all that we can do at the present time is to lock the stable door after the horse is stolen. We cannot retrace our steps — we must take things as we find them today, learn from experience, and knowing our faults correct them as soon as possible and progress upon more intelligent lines.

Taking things as we find them today I have some thoughts to offer for their amelioration.

What Shall We Do with the Teeth of School Children?

As I have said, we know very little or nothing about the cause of tooth decay. We do know that from 90 to 95 per cent of children have decayed teeth and that these teeth cause pain and abscesses which lead to bodily infection. We do know that children have interstitial gingivitis. We do know, however, that when teeth are kept perfectly clean and the child properly nourished that the teeth will not decay as rapidly as when they are not kept clean. When the gums are properly massaged with a stiff gum massage brush the disease can be kept at its minimum.

There are not enough dental graduates in the country to perform this work. If there were, their time is too valuable to care for these little patients. Cleaning teeth and scrubbing the gums are not professional work any more than washing the body of a pneumonia or typhoid patient. It is menial work like scouring the English brasses and polishing the silver plate which is usually performed by an uneducated person. To be sure, the child is an animate body and therefore the person

who cares for the hygiene of the child should have more sense and reasoning powers than the menial. For this purpose thousands of women should be educated for this work.

The God-given instincts in women fit them admirably for this work. A high school education should be required for their entrance into this class of work to give a uniform grade standing. One year or less intensive training is sufficient to thoroughly learn this work. A certificate to practice (not a diploma) should then be issued which would admit her to practice in any state in the country. Such a certificate and training would place her above the menial. She could command a little higher wages but she has not spent so much time nor is she so well educated as to require a large salary or to trespass upon the rights of the dentist. She is fully capable for the work she is required to perform in any locality in the world and at a price within the reach of any family or school. These dental nurses would teach the children how to brush their teeth and gums and use iodin, which is so necessary for the health of the mouth. The dental nurse could not possibly overreach her sphere of endeavor, although she is thoroughly competent to fulfill her mission.

What Shall We Do with Our Dental Schools?

Because of the fact that 90 to 95 per cent of school children have decay of the teeth and that it would require thousands of dentists to care for them it has been suggested by some of the deans and teachers of the dental schools that the length of the course should be reduced so that the students could be ground out in quantities to meet this demand. Of course, these are commercial schools and it is easy to understand the motive. It will be seen that these deans and teachers possessed a very poor opinion of the profession as well as of the graduates of their schools. Those teachers who would stultify their schools and graduates are still with us and the better university schools and teachers should see to it that their usefulness is limited.

The teachers of the university schools have the welfare of their students and the profession at heart and are doing all they can as fast as they can to place the schools and the profession on a higher basis.

Education in all departments is progressive and not retrogressive. Education is the basic principle in this country and it must advance. Our dental schools, then, must be placed on an equal basis with the medical schools as soon as possible. Our graduates must receive as broad and liberal education as medical graduates. They must stand as high in the estimation of the public as practitioners of medicine.

While all this is very essential it is not the main reason for these higher qualifications. The main point is that the dental graduate should receive such a thorough university training that he can think, reason, create, extend his imagination, to know and relate fact to fact, and from fact to infer new facts. In other words, to be

able to do research work to find the cause of decay of the teeth, interstitial gingivitis and irregularities of the teeth. Then we shall not have lived in vain. Knowing the cause, treatment will be simple and the children will derive the benefit.

What Shall We Do with the Dental Profession?

Here is the most difficult problem to solve. Writing upon this subject, I have in mind the profession as a whole. I realize that there are men in our specialty who have taken a full medical course and have graduated in medicine. I am also aware of the fact that there are D.D.S.'s who have studied and have educated themselves up to the grade of a medical education and are equal in practice to medical practitioners but they are very few as compared with the profession as a whole.

It has been only a few years that the dental schools have required a high school diploma or its equivalent for admission. In some of our schools even at the present time the equivalent means nothing; students enter without a common school education. The graduates of most of our dental schools have been and now are shy on the subjects of histology, bacteriology and pathology.

Ever since the dawn of the profession hardly a dental operation has been performed without leaving bacteriology and pathology in its wake. The mechanics of dentistry have and are consuming the entire thought of the profession.

Our dental literature at the present time demonstrates two classes of dentists. After being told by physicians that a large per cent of disease of the human body is due to infection from the teeth and gums, one class can appreciate the fact and the other class cannot. One class still performs operations upon the teeth like sawing wood, regardless of the surroundings. The other believes that there is something in the theory but is unable to comprehend its meaning. If a dentist could have three to six months' training in a hospital, clinic or even in the office of an internist, he would soon be convinced that focal infection from the mouth due to bad dentistry produces a majority of diseases of the human body.

What is the solution? Most dentists are unable to take a full course in a medical college, therefore study classes should be formed in every community throughout the country. Histology, bacteriology and pathology should be studied under the instruction of able teachers and in a short time every dentist would be able to master the foundation principles of these branches in medicine. This in a considerable measure would raise the standard of our profession in the estimation of the medical profession as well as the public.

"What Is Success?"

By C. A. OGG, D.D.S., Douglass, Kansas

Letters pour in on Dr. Ogg following appearance of his article in ORAL HYGIENE

EVERY dentist in the United States must read ORAL HYGIENE, judging from the letters that are pouring in on me since my article, "What is Success?" was published. Letters are coming on every mail and from every section of the country, letters commending, letters condemning and letters inquiring. When I sent you the article I sent my name separate and simply signed my initials. Because of the personal nature of the article, I would have been glad if my name had not been published.

Because about three-fourths of the letters I receive say "How do you do it?" or "Please tell me something of your system," I am sending the following in the hope that it may be of help to some.

In the first place, I have no system, nor am I an efficiency crank. I feel sure that some men put in so much time practicing efficiency that they don't get anything else done, furthermore the patients that I care for do not want to be ground out as though through a machine; they like the personal touch, the little exceptions made in their particular cases, etc.

Following are a few of the things that I consider very essential to the average dentist, speaking primarily from the standpoint of the small town dentist:

Salesmanship — rightly applied in dentistry will create a better understanding between dentist and patient before work is begun, and will double and treble the fees. Without the art of salesmanship the average dentist will never get paid for his work.

Ethical advertising — keep your name before your public; make your comings, your goings, and your doings, news items for your local paper as much as possible; try to impress each patient so that he will feel that the work you are doing for him is a little better and a little different from that he has been accustomed to, and he will help your advertising.

Get the money — never start a piece of work without at least one-half down, more if you can get it; on plate work try to get it all in advance. A plate that is not paid for never "fits."

Be honest — to your patients and to yourself; one little lie or excuse to save an hour's work may lose you the work of a whole family or neighborhood.

Work—from 9 A. M. to 5 P. M. practice *dentistry*, nothing else; see visitors, agents, etc., out of office hours.

Speed — practice working fast and turning out as much work as possible; don't drag along in "low" all day—slip into "high."

Study your patients — don't quarrel or argue with them in the office, don't arbitrarily tell them the only kind of work you will

do for them; remember, a gold restoration that to some patients would be an abomination, to others is a thing of beauty and a joy forever; converse with them on the subject that you know to be their hobby, make each patient feel that you are "his dentist."

Guaranteed work — make no specific guarantee but within reason do over without charge any piece of work that is not satisfactory to the patient; it'll pay.

Fees — as near as possible, have no set fees; remember that the same restoration is worth more to some people than it is to others; if you cannot get big fees you must make it up by a big volume of business; your fees *must* be regulated by your ability to turn off work.

Laboratory connections — in my opinion no dentist who gets average fees can make any money nor get any rest, who does all his own laboratory work; get acquainted with a first class laboratory, demand the best, pay them well for it, prepare your cases intelligently. You will double the amount of work you have been doing and your work will be easier.

Appointments — make appointments only for one week ahead, don't put them too close together; try to leave enough "between-times" so that you can pick up the new patients; a patient who is in your office for the first time will be more apt to come back if you will put him in the chair and do five or ten minutes' preparatory work, getting a deposit, than if your girl tells him you will see him in a week or in two weeks. It may sound nice to be able to say that you are booked up for two or three or four weeks, but you can't cash pleasant sounds; to make the maximum amount you must keep getting new business.

To get back to the personal, I work from 9 A. M. to 5 P. M., do not work Sundays, sometimes work nights on laboratory work or correspondence. Last year I averaged eleven patients per day. I try to make my time bring $10 per hour; if I lose out on one job I try to make it up on another. I get just average fees, I think.

In conclusion, I want to say to my friends the city dentists, that I have no hard feelings toward them whatever. I like them, and enjoy being with them, and I hope the time will come when they will drive out to visit us in the small towns as we have always visited them. Maybe we can show them some old-fashioned remedies or some home-made appliances that will make the visit worth while.

Of one thing I am convinced: that the more we as dentists visit one another and get acquainted, the better opinion we will have of our profession.

Then and Now

By O. B. NESBIT, M.D., Gary, Indiana
Director of Medical Inspection, Public Schools

TEN years ago a lengthy statistical report by the writer was published in Oral Hygiene showing the condition of the teeth of the pupils of the Valparaiso, Ind., schools. The findings confirmed that of others and showed that practically all children's teeth were badly diseased and very greatly in need of dental attention.

Then fillings in temporary teeth were rarely found—and few dentists who would fill temporary teeth when the mother would take the child to them.

Then it was difficult to convince most parents that the six-year molar was a permanent tooth, needing any attention except extraction.

For the past seven years I have given all my time to medical inspection in the Gary, Ind., public schools and during this time have stressed *care of the teeth;* that temporary teeth need the same attention that the permanent ones do; that the first molars are the most important teeth; that semi-annual dental examinations are imperative; that a good honest family dentist is as important a personage as a good honest family doctor or pastor, in a well regulated family. The dentist, doctor and minister are all ministers of God and servants to man, equally necessary for the rearing of a family properly.

Some of the Gary dentists have very kindly given their time and made two complete mouth examinations of our pupils for us during this time, giving the pupil a duplicate record to take home.

It is somewhat gratifying to note much improvement in the care of children's teeth. Now many fillings are found in the temporary teeth and most of the permanent teeth are receiving dental attention.

The Emerson School (high school and grade school) with an enrollment of 1,924 in 1919-1920, and a total days' attendance of 268,605 days, had only 24 pupils out of school on account of their teeth; the total absence amounted to 43 days during the year.

The Jefferson School (grade school up to 8th grade): Enrollment 1919-1920 was 1,208 pupils and a total days' attendance of 166,709. Had 62 cases who were absent on account of tooth trouble, losing 82 days in attendance during that year.

No dental dispensary is accessible to the pupils of these schools.

More would be done if there were more dentists who could afford to give the time to care for the children.

From many places the complaint comes to me that there are not enough dentists who cater to the work of the children. This lack of child dental specialists is the only excuse for a dental dispensary.

It is better to educate the family that the care of the child's teeth is as important a parental duty as is the providing of food

and clothing, and medical or religious aid.

A boy entered our school today, who, when asked when his tonsils had been removed, said boastfully, "It was done free in St. Louis last winter." His mouth was filthy with decayed teeth. I asked, "Have you ever been to a dentist?" He replied, "No," and that he could not get his teeth fixed without pay, and incidentally I have been told that a great many people could not get them properly fixed by paying. Free personal service is usually not constructive, but often destructive.

If private dentists qualified to care properly for the children cannot be supplied in the regular ethical dental practice channels then it may be necessary to turn to the dispensary, and it probably can best offer expert — not student — services to all children, reasonable pay being exacted, each according to his ability, but all pay. Then a real constructive service will be rendered.

Oil of cloves is used extensively in public schools as a remedy for toothache. Whenever a pupil complains of toothache the clove oil bottle is rushed for and a pledget of cotton saturated with oil is inserted into the cavity. Many a little tot is relieved. But if the teacher, principal or nurse, whose duty it is thus to minister to the suffering pupil continues day after day to thus minister, more harm is done than good accomplished. The health of the child would be better served if every child with toothache were sent home with the ache and a notice to go to a dentist.

A median ground is best where the relief-giving remedy is applied, the child given instructions about care of the teeth and the parent also instructed.

Through the generosity of the Metropolitan Life Insurance Company we always have a supply of "Teeth, Tonsils and Adenoids" which we send home with the pupil for him to read or have his mother read to him.

Eventually many pupils reach the dentist. If he does his duty most of the cases should be retained as patients for all time.

I am inclined to believe that the public is being educated as fast as the profession and the dental schools can supply the demand.

Some agency in a community might list the reputable dentists that care to work on children and provide for this information being passed to those interested. This might greatly assist if properly done.

Observations on Progress

By E. O. DIETRICH, D.D.S., Sioux Falls, S. D.

DENTISTRY in the last few years has been progressing with mighty strides.

The pace set is rapid and unless we are alert it is probable that many will fall by the wayside.

We are in an incomplete stage of evolution with new ideas constantly presented for our consideration.

New thoughts are being given to the profession and quite generally are being accepted by them as beneficial to the health and welfare of the general public.

In order to make these effective with the public they must first be carried out thoroughly by the dentist.

Progress and development along any scientific line is made only through lack of ultimate satisfactory results and constant criticism. Arouse the profession with new and seemingly radical ideas, create new thought, stimulate discussion and ultimately you will obtain results.

With the foregoing in mind the following thoughts are presented for your consideration:

Our conception of the ultimate result of conscientious professional care and education, is a complete set of perfect teeth functioning as Nature intended.

Nothing is more beautiful nor more worthy of attainment. The possibilities of improvement and betterment to the human body, with teeth of this type, are unlimited.

These facts should stimulate us to strive for greater efficiency and thoroughness.

Whenever we undertake an operation there are several things that should primarily be taken into consideration. After making a general survey of the mouth, the character of each particular case should be considered, to enable the operator to pass intelligent judgment on what is indicated in the case, the cause, effect and what will be our ultimate result under such conditions.

Many of us are inclined *not* to do the thing most indicated in a specific case but rather to do the thing that is *customary* with us, in which we feel confident of our technique and which, in fact, is our hobby.

No two cases are alike, no two people live with the same habits and environment and, as a consequence, should not be treated under one familiar and convenient technique. For example, in case a gold foil filling is indicated we frequently place a gold inlay or a silicate filling simply because we are particularly proficient in one or the other technique.

The treatment given should be the treatment indicated at all times. Today we are making an effort to divert our dentistry from a path of constant reparation to a field of prevention. This is a wonderful move along proper lines and can only be accomplished through education. The class in this school must not only be the laity but the dentists as well. Prophylaxis should have its

first stimulation through the dentist in his office—real cleaning with a thorough and definite technique.

Many of us avoid prophylactic treatment, because it is undesirable, instead of encouraging this work among our people.

Frequently we hear the remark that "the dentist had stated a cleaning was not necessary at this time." However clean and perfect a mouth may appear to be, a prophylactic treatment is always indicated, even if for no other purpose than to encourage a good habit.

Further, we are all more or less negligent in making a thorough examination of the mouth for cavities. Many proximal cavities are overlooked through carelessness and in a short time the tooth is ready for treatment or, more likely, extraction. This is a much-abused effort, with the result of a lack of confidence in the dentist and a reflection on the profession.

Diagnosis is a big factor and must be correct in order to obtain perfect results.

It will inspire greater confidence in the dentist than will a first-class filling operation. If we expect our people to be thorough in dental hygiene we should set the example for them in our offices.

Perhaps one of the most neglected branches of dentistry up to the present time has been the care of children's teeth.

This work requires real patience and perseverance which many of us have to cultivate in order to be successful. Quite generally I think we prefer to "pass the buck," so to speak, to our fellow practitioner or "stall" the individual. It is easy to convince a patient that our services are not indicated in this or that particular case.

This is an unfortunate thing for us even though we may feel, at times, that it is quite a convenience.

A well-made foundation is essential for every permanent structure. The habit of strict attention and absolute cleanliness must be formed early in life if we expect people to get the best results out of their dentistry and enjoy good teeth later in life.

We all realize the necessity of these things and are quite generally informing our patients of the benefits, but are we practicing them thoroughly in our daily professional duties?

People quite generally know that dentistry is on the upward trend and are willing to listen with an attentive ear to instructions and suggestions for their betterment, but, I also believe they feel that the dentist should be sincere and practice his instructions with thoroughness.

Beware of the Mule!

By JOHN PHILIP ERWIN, D.D.S., Perkasie, Pa.

Jeremiah Wilson—the darn old fool—
Tried to plait the tail of an angry mule.
Everybody told him it couldn't be done,
But he said, "I'll try it, just for fun."
As he flew up yonder he was heard to exclaim,
"If I don't land in Heaven the mule ain't to blame."

THERE are too many Jeremiah Wilsons in society—fools who know not their limitations. More men fail from meddling with barren impossibilities than from all other faults combined. It is surprising how people, rated as sane, waste hard-saved money and expend energy, striving for prizes and honors hopelessly beyond their reach.

A maiden-lady patient of mine devoted her life to the study of music. Five and more hours daily, year after year, she studied and practiced. Thousands of dollars she spent. She even graduated from a high-grade conservatory. But notwithstanding all her honest efforts she cannot play, "Nearer My God To Thee," so a congregation can sing it. She never had the slightest spark of musical talent.

Had she directed the same devotion to expert accounting, for which she was highly talented, she might have become a Hetty Green. As it is, she is now a nervous and physical wreck. Forsooth, she tried a Jeremiah Wilson stunt.

Pity for you, brother, if untalented for your chosen calling. The sooner you forsake it, the quicker you approach happiness.

Dentistry is a jealous profession. It refuses to be half-loved. It requires and demands all your time, energy and attention. Devote but part of your affection elsewhere and you suffer the sad fate of Jeremiah Wilson.

One of the cleverest dentists I ever knew became infatuated with lodge work. He joined every fraternity within sight. He passed through chairs enough to stock a furniture store. There was nothing he loved more than to raise a man. Not only evenings, but frequently entire afternoons were taken up with his pet hobby. Of course, the inevitable ensued — he lost both his health and his practice.

Today he ekes out a miserable existence with music. He recently confessed to me that his greatest mistake was the neglecting of his practice, which afforded him an excellent living, for outside interests, which did naught but undermine his health. Alas! too late. The tale of the mule retold.

A friend of mine, after ten years of practice, was living on Easy Street. But he was chronically dissatisfied financially. He longed for millions.

It was the passing remark of a salesman telling of the vast fortune easily earned with a certain

patent medicine, that started him on *his* mulish trick. He thought that he too could duplicate the Lydia Pinkham and Smith Bros. Cough Drops successes.

He tried.

He tried very hard. But failed harder. In two short years he landed out of dentistry into debt and ill health. He is now an object of charity of his parents-in-law.

Once get the idea into your head that you are going to be a Ty Cobb, a Schwab, a Caruso or a Bud Fisher, with dentistry on the side, and a tragic kick is coming your way. It cannot be otherwise.

It is miraculous the mountain of good which arises from concentrated effort. Immortal success never grew from scattered forces.

The beloved J. Foster Flagg resolved in youth to be a sane and scientific saver of teeth. He everlastingly condemned the "Trust In The Lord" brand of dentistry. He desired to serve humanity efficiently. His chief aim was to be *a real dentist.*

How did he reach his goal? By trying to play a fiddle? By playing poker and pinochle seven nights a week? By dabbling in silly side-issues? Never! He was too shrewd to divide his forces.

There is no secret to Dr. Flagg's immortal accomplishments. His path is open to you. He had a definite goal. He exerted *every* effort to reach that goal.

He respected his limitations.

An excellent example of his good judgment may be found in the fact that he never attempted to save teeth of the low-grade temperaments, the Bilio-Lymphatic and the Nervo-Lymphatic. Such troublesome teeth he unceremoniously e x t r a c t e d. He knew it was a mulish trick to try to save them. He directed his strength along more productive lines.

As the result of his devotion to dentistry, he operated without inflicting pain. He medicated sensitive dentine before excavating. He never jabbed a probe into a live nerve. Or rammed a broach through an apical foramen. Or worked with dull instruments, or an untrue handpiece. Or committed any of the cruel dental crimes of which the Jeremiah Wilsons are guilty. Dr. Flagg served but one master, the one he devoutly loved. That is why he succeeded.

Thus, you see, mine is the old, old story.

Hold this page beneath the noon-day sun and you have but warmth.

Concentrate the rays into a focus and you can start a conflagration. Simple, isn't it?

With Colors Nailed to the Mast

By C. EDMUND KELLS, D.D.S., New Orleans, La.

I HAVE often thought what frauds *we dentists* are. The patient comes in and asks, "Do you fill teeth?" and we say, "Sure, we do," and not for a moment do we consider it necessary to say anything about the horrible fillings we do put in at times.

Another inquires, "Do you put in inlays?" and we reply, "Certainly, all kinds," and it never occurs to us to tell the patient that upon the insertion of an inlay we Marconi the elevator attendant to stop the car gently on his way down so as not to jar the inlay out.

And still another, "Do you make crowns?" and again we smile as we say, "We certainly do," and never once give any hint of the fact that most of them are more fit to go into the melting pot below than to adorn the heads of the angels above.

"Do you pull teeth?" is tremblingly asked. "Do we *pull* teeth? Well, I should smile. Why, that's our long suit." Why details? That is, why refer to the quantity we *pull at*, pull *apart* and all that sort of thing? "Yes, we certainly do pull teeth!"

"Do you do bridgework?" is the next one. Well, did you ever! "Why, of course, who doesn't?" To mention the sins of commission and omission that bridges cover would be a shame. So we let it go at that.

And so on all along the line. All of us *dentists* sail under false colors, more or less, as it were, EXCEPT the pyorrhea specialist. Ah! there is a man to be admired. He nails his colors to the mast, and it's sink or swim, survive or perish, with him.

If you doubt it, look at his card. It reads

> Practice Limited to Treatment of Pyorrhea

Can you beat that? He not only makes no claims to *cure* pyorrhea, but brazenly claims that he *won't* do it, as he *limits* his efforts to the *treatment* and always stops short of a cure.

Now isn't he refreshingly good and honest about it? And people flock to him to have this "limited" treatment, just as they rush for the Twentieth Century *Limited*.

And so I say, "All hail to the pyorrhea specialist who sails not under false colors, but fearlessly lets his banner fall to the breeze!"

But just wait; one of these days some guy is going to get wise and his card will read

> Practice Limited to the Cure of Pyorrhea

and then see what will happen. All of these honest-to-goodness fellows will be driven to cover.

© International

Chicago Phone Company Installs Health Department for Employes

Anyone who takes a successful X-ray, with tube and patient in this position performs a modern miracle.—*Editor,* ORAL HYGIENE.

Better Americans for America

By E. A. THOMAS, D.D.S., Hastings, Nebraska

OVER fifteen years ago, I purchased a lantern and some slides on oral hygiene and did considerable lecture work in schools, to mothers' clubs, teachers' institutes and stimulated, as best I could, this work among the profession. Discouraged at times, I have lived to see good results from these talks. Some of those boys and girls are fathers and mothers and are taking interest in the teeth of their children and tell me of what I told them years ago.

In a radius of a few miles of where I live, are the finest herds of pure-bred cattle and hogs in the land and I have watched their development from the start. The first consideration was the proper parents, the proper balanced food, housing, exercise, diet and health —everything that made for a prize-winner in each individual.

Statistics show an appalling increase in defective Americans, with insane and feeble-minded asylums overflowing and inadequate reformatories for the increase of criminality.

I have seen wild horses of inferior type and breed, become large, strong, kind, gentle and intelligent by proper breeding and careful training. Is man, with intellectual superiority, incapable of such a change?

Would it not be better to change our slogan from "A Better America for Americans" to "Better Americans for America"?

What are the primary essentials to a better and greater human race? Could they not be summed up in—a better body for physical strength and propagation of specia; a better strain of blood for nobler birth; a change in the standards of ideals in the affairs of business and politics; a better-educated man, in things worth while for efficiency and happiness in life; more of the Christ-life in the human race?

Is not most all disease, both physical and mental, a constitutional derangement of function due to wrong living and wrong thinking, a manifestation of ignorance as to the real function of life? If this is true, then most all hygienic movements should be directed toward correct education in right living.

Our greatest educational organs —the Associated Press, papers and journals, the moving pictures and theaters, our great American school system, our churches and their allied affiliations—must be considered. A big problem, you say. The war was a big problem but the necessity was met by great generals in all financial and industrial life, as soon as they were awakened to that necessity. So will they when this great problem of hygiene awakens them to the true status of conditions.

Shall we wait for a crisis to awaken us as in August, 1914? The sacrifice of health, happiness and life from ignorance of right living is as great about us today, as was that of the great war or the influenza epidemic.

Much credit is due great men in

both medical and dental professions for the work they have done in preventive medicine, but to be effective and efficient to a greater extent in making a better American for America, we should get at the very primary seat of infection before there are too many secondaries becoming primary—how?—a call to arms, and affiliation of all organizations interested and functionating for a greater America, in a convention or congress with representatives from the abovementioned with the government, all law, medical and dental associations, and financial and philanthropic organizations, who should be interested for what better health would mean to them.

There should be developed, in various parts of the Union, research centers to study climatic, dietetic, eugenic, and child welfare conditions and an organization perfected similar to the state and national husbandry of plant and animal life.

Thousands of dollars are spent on our hogs and cattle for better propagation and protection from disease, to one dollar spent for a stronger and healthier American for America.

We of the dental profession are spending time and money for better dental restorations and nothing, in comparison, in preventing their necessity.

Let us go to the bottom of the evil by agitating, stimulating and propagating a real, efficient hygienic organization that will make for the health of the whole man and thereby advance oral hygiene.

480,000 School Children Receive Medical Inspection

HARRISBURG.—(A. P.)—Approximately 480,000 school children in the fourth class districts of the Pennsylvania school system have received medical inspection and advice since the opening of schools last fall, according to a report issued by the State Department of Health.

Col. William J. Crookston, chief of the division in charge, says that the remainder of the districts will be inspected soon. Last year 100 per cent of the districts accepted the department's program, which includes follow-up work. Teachers are enlisted in the latter work.

York, Beaver and Clarion counties have arranged for voluntary coöperation with the Department of Health in regard to following up defects reported in the children.—*Pittsburgh Gazette Times.*

Famous Business Magazine Prints Ideas for Dentists

FEW of us may be willing to agree that dentistry is a business but a distinguished member of the laity, A. W. Shaw, editor of *System, The Magazine of Business,* must think so anyway, for in one single issue of his publication, no less than three short articles appear, each dealing with professional problems.

All three are here reproduced.

The first, by D. C. Simpson, deals with what is, perhaps, a problem of the patient, who so often is forced to confine his or her reception room reading to ancient and wrinkled magazines. Mr. Simpson's little article is entitled

Waiting In Comfort

Several friends of a dentist, men who were also his patients, impressed upon him the fact that it was a boresome job waiting for him to be ready to work on them; his waiting-room table carried a no better than ordinary collection of reading matter. But how could he discover in what his patients would be interested? He had an idea, and it worked. Here it is. He had a few hundred cards printed and placed on the table in the waiting room. These cards explained that he wanted to give the patients every service possible. And they were asked to list three of their favorite magazines, and drop the card into a box he had provided. Then, after this plan had been in action for a month, he counted the votes cast and subscribed for the most popular magazines. A few that were called for by most everyone were subscribed for in duplicate so there would be enough to go around if several customers were waiting. The results were definite; his patients are actually content to wait their turn—their magazines are there.

The other two of the three articles have to do with appointments. The first, by Vernon E. Keats, presents a rather unique plan telling us

How To Make Appointments

Because too much time was involved in picking up an appointment book, finding the proper page, and then in finding the correct line, every time that he made an appointment, a Chicago dentist has devised a quick means of making his dates with patients.

This arrangement consists of six strips of wood, each about 2 inches wide and 18 inches long, hung in a convenient position on the wall. Each strip represents a day of the week, and in each strip are a number of pegs, each peg representing an appointment hour for that day.

Suppose the dentist has just finished working on Hubert James, who says he can come "any time next Thursday morning for further treatment." The dentist takes a little card—two by three inches—from a box, writes Mr. James' name on it and hangs it up on the 10:30 peg on the Thursday strip. At the same time the dentist takes "today's" card, which has been on the peg until the close of the treatment, puts the cost of the treatment on the back of the card and drops it into the box ready for the night's posting.

By this plan the dentist has the actual appointments made, right before his eye and he cannot make any that conflict. When Tuesday comes, all the appointments put on the Monday strip are for the next week, and so on.

The dentist says that he makes his appointments in half the time it used to take, much more efficiently, and with a great deal less trouble.

The third idea is not new, but is given here with the thought that its presentation may recall to the minds of those of us who have forgotten, a rather practical idea, which L. R. Hawrey describes under the title

Appointments Not Forgotten

Appointments are easily forgotten unless the one who has the appointment writes it down as soon as he makes it.

The day may be remembered but the exact hour forgotten. To do away with forgotten and wrong-hour appointments, one dentist has little cards printed. These cards read as follows: "You have an appointment with Doctor Smith on ———at———o'clock." When he makes an appointment with a patient, he fills in the date and time and hands the card to the patient, who always tucks it away in one of his pockets, to refer to later.

He says that although his patients don't remember dates and hours they always remember that they have the card. These cards have produced the desired results; he now has very few forgotten appointments.

MAY

ORAL HYGIENE

will be

the

STUDENTS' NUMBER

Elimination of Pain

By ANDREW C. DRURY, D.D.S., Newark, N. J.

RECENTLY there was conducted a campaign to select seven worthies to the American Hall of Fame. Among the seven chosen, from a long list of men and women, which numbered one hundred and seventy-seven, was the name of William Thomas Green Morton — the dentist who was the first to discover the anesthetic properties of sulphuric ether.

This list of seven was chosen by college presidents, professors, authors, public officials and men and women of affairs.

It is familiar history to trace the wonderful progress of surgery in all its allied branches, to the increasing familiarity with and the use of anesthetics.

To witness the wonders of a major operation, one cannot help being impressed with the ever-increasing confidence with which patients approach the event, and the assurance that, during the operation, there is to be absence of pain.

The operator has no doubt that he has done everything to coordinate the use of his knowledge and skill and make his mission more of a physiological possibility.

Our minds naturally turn to the possibilities ever increasing in our own particular field and at times cannot help but revert to the same attitude on the part of our patients as mouths present more members and more evidence of extreme efforts on our part to promote general metabolism and increased efficiency.

As in other fields of endeavor, we are progressing rapidly. A few years ago men walked, rode and drove, up hill and down, while today it is possible to fly over these obstacles at the rate of miles-per-minute. As rivers are tunneled under and spanned over, so we in turn are having persons approach the difficulties and dread of dental operations, appreciating that soft carpets, on which to tread, have been laid.

Few can ever win a place in the Hall of Fame. But every one of us can appreciate the gratitude of patients when they realize the discomfort they have escaped and the pain some operations would have necessitated a few years ago.

The field for relieving pain and increasing comfort in dentistry is large and some of it but little tenanted and there is no doubt that some occupy areas inhabited by few others. I feel sure we could all guide someone else up various lanes in an unfamiliar route to the city hall of Comfort and eliminate many of the unpaved and troublesome avenues, both for ourselves and traveling companions.

Whatever interest may be found in the following, an earnest plea is made for each and all of us to use any anesthetic wherever possible and whenever indicated to lessen discomfort. Many uses may be known to the reader that have been omitted in the writing. Suggestions will be gratefully appreciated.

I know of no better introduction to an article of this kind than to refer to Dr. Eugene Maginnis' paper in the *Journal of the National Dental Association* for November, "The Operative Management of Children's Teeth." It not only handles this difficult subject instructively, but shows the sympathetic attitude so essential in this work.

There is no praise too high to be given to the noble men earnestly endeavoring to prevent the necessity of extensive restoration with all its accompanying involvements, or to the education of the coming generation in the vigilance constantly required to prevent pain.

All extractions require some use of the anesthetic. In most cases novocaine, by infiltration or conduction, will give perfect results so far as anesthesia is concerned, also comfort on the part of the patient, coöperation as to position, and ample time in difficult cases where curettement is often necessary — many types of cavity preparation, inlay, abutment, root facing, etc.

The aid is so valuable to both operator and patient in the relief, and thoroughness made possible in extension for prevention of recurrence of caries — the amount of work finished at one sitting and the relief to the nerves of both. The slight after-effect is accepted philosophically.

In devitalization and extirpation, the recompense is ten times compound interest to both again. Take a typical case of a young girl of thirteen with an amalgam filling in a lower six-year molar with every indication of pulp dying. There is some difference when the mandibular is blocked and when *not*, or when N20 is used for analgesia.

Sealing in of a desensitizing medium in cervical and other very sensitive cavities before cavity preparation will lessen irritation caused by thermal changes or natural effects on nerve filaments even after the filling is inserted.

In root canals it is of inestimable value in doing thorough work while it is possible to go too far if diagnostic wires are not used in connection with X-ray to avoid irritation of peridental membranes.

Even for so brief a period as the time required to lance an abscess it pays to spray with chloride of ethel, if not to give N20 for analgesia.

In that peculiarly aggravating condition where the pulp is dying, but is putting forth a last valiant struggle to be remembered, pressure anesthesia is impossible and any sedative or germicidal treatment is not likely to give relief for any length of time.

I remember one case in particular: a very pretty girl of about twenty had fallen and broken an upper central incisor in a manner that reminded me of a green stick fracture — about half of the crown labially and slightly under the gums palatally.

The pain was stopped in a very short time with novocaine by infiltration, the pulp removed, a sedative dressing placed high in the root, a short post cemented to a Davis crown which was ground approximately and put into place with temporary stopping.

I advised her to favor the tooth

in every way and gave five grains aspirin (5 grs.). The pain was relieved and appearance helped in about thirty minutes.

In the treatment of dead teeth, thorough drying of the canals is very necessary to minimize pain of pressure in forcing either moisture or infectious matter through to the peridental membrane.

It is also necessary in any class of work where the gingiva is included — as abutment preparation, porcelain crown work of any type, extensive prophylactic treatment and where deep pyorrhetic pockets can be cut away, as well as necrotic bone, curetting carefully.

In reaming roots for posts it is much more comforting to patients to use reamers of varying diameters, using the smallest first and increasing in size with subsequent reamers.

In opening cavities where walls resist hand instruments a carborundum stone will open more quickly and with less jarring than a bur. The suction treatment for gingivitis and pyorrhea lessens greatly the discomfort.

Some patients dread an impression for a full upper on account of the gagging. Trimming the tray and avoiding too much plaster, with a little plaster in the region most easily affected, will be found to be of material aid.

Where it is not deemed necessary to remove the pulp before setting a crown or bridge it is only thoughtful to minimize any likely subsequent pain by covering with a desensitizing medium for a few days, then setting with an anodyne and germicidal cement as the silver nitrate, etc.

As a prophylactic and pain-saver in making restorations a very careful consideration of removable attachments certainly saves the patient not only the initial experience of avoiding the dreaded abutment preparation but lessens the likely subsequent ordeal in affected retention membrane and surrounding structures.

The use of mild sedative antiseptics such as Doctor Prinz[1] has suggested, a fresh mixture of oil of cloves and chloretone in deep cavities, especially with children at first sittings, are effective.

The use of Bro-mural, aspirin, sedavol and other mild nerve sedatives may be prescribed before and after a particularly trying ordeal to quiet and offset recurrence of pain when the period of anesthesia terminates. Hot saline solutions, intra-orally, and cold packs are efficacious where much inflammation and swelling are found.

Our prime object is to alleviate pain and any anxiety to the extent of our power, and nothing should be left undone.

Here careful consideration for one's reception room is of great importance.

While appointments should be made and kept promptly it is not possible always to avoid the patient's waiting.

A light room with pleasant and comfortable surroundings, a table covered with literature attractive to all ages and classes, often directs thoughts from anxiety to interest.

City Dentists vs. Country Dentists

By "W"

I SEE a good deal in the dental journals about city dentists being superior to country dentists. This has fussed me somewhat.

I wonder if they ever stop to think that there are dentists who are unsuccessful as country practitioners, but who are apparently successful in the city?

People in the cities, do not, as a rule, tell their troubles to their neighbors and then, again, do not expect so much for the money.

In a small town, if a dentist happens to make, what might appear to the patient in his ignorance of dental necessities, an error, it is quickly known, far and wide, over the rural telephones. For people in the small towns and rural districts talk over their affairs with each other and it is always easier to blame than to praise.

How long do you think the practice of some city dentists would stand up under this?

If a dentist stays long in a small town, to be successful, he must have every dental qualification and at all times must watch his step.

I had always practiced in a large city until I came here, on the advice of my physician, to get into the country.

I located in this town of less than 1000 a little over fifteen years ago and although I don't want to create the idea that I am a wonder, making $12,000 a year plus two months' vacation, still I own a strictly modern $7,000 home and a well-equipped, modern office, in fact, I have had some of my city brother dentists say "it's better than a great many city offices."

I am satisfied with my bank account, which I do not have to dip into for running expenses—and of late years they have run pretty high — and I pay cash for everything.

No one man can ever satisfy everybody. A few from here will occasionally go to the city for work, but frequently they return to me, the country dentist. If they don't, it is easy to console myself with the fact that, for every one I lose here, I have ten who come in from the nearby cities.

Why this discussion concerning the patronizing manner of the city dentist toward the country dentist? I wonder how they get that way. When I happen to be in the city I have yet to meet the dentist, physician or surgeon who fails to treat me with the respect due an equal.

"As a Man Thinketh—So Is He"

By BARRY MURPHY, San Francisco, Calif.
Dental Equipment Salesman

THE controversy between Mr. Fred Starr and Dr. C. Edmund Kells is more than an exchange of ideas. It is attack and defense of a practical theory.

No apology is necessary for Mr. Starr's articles, in spite of the fact that much of Dr. Kells' criticism is accurate. There is no doubt that Dr. Kells has a right to be disgusted with that type of salesman who cannot sell his wares without imparting the advice that their use will increase the dentists' revenue. By the time a score or more non-thinking salesmen use this argument to dispose of a few broaches, or a little cement, who can blame a dentist for acquiring nausea?

But this does not eliminate the fact that the profession on the whole has been greatly stimulated by the theory Mr. Starr presents. It is not necessary for anyone to accept his details, but the mass of evidence is heavily in his favor, so far as his theory is concerned, if one cares to seek this evidence in the profession.

Mr. Starr knows, as all other thinking equipment salesmen know, that perfect dentistry can be done with even a foot engine, in the most humble surroundings; he also knows that the public of today are a luxury-loving lot and, by pampering their whims in a dental office, he does not suggest avoiding the better dentistry, which Dr. Kells claims is paramount. The "good" dentist in the humble surroundings is not discovered as quickly as the "good" one in modern environment.

Now the rub, in Dr. Kells' mind, is that the low-grade man can, by surrounding himself with a modern office, create a false impression.

Lincoln's epigram about "fooling the public" is applicable here. In fact, a modern office may be the barometer of its owner's intellect. The care of its appointments will show whether the mind that controls it is capable of detail or not. Dentistry is detail in the writer's opinion.

Dr. Kells' sense of humor will not prevent him from admitting that much of the detail he criticizes is earning big dividends in other offices. To be sure, this detail is not working so completely when it is installed as criticized by Dr. Kells. There is a difference between theory and detail. The theory is an established success all over the country. Defending the details of detail is a task *ad infinitum;* but the sterilizing show-case is worthy of comment.

Nothing would seem to the writer more progressive, than that huge sterilizing rooms be installed in the front of all eating establishments, through which all dishes should pass for sterilization. Were I the owner of a cafe, modesty would not prevent me from having such a sterilizing room.

If I had it there exclusively as a selling attraction, and not for use

I were a hypocrite, and soon must be found out.

If it is in actual operation, performing a laudable function, then there can be no objection to the announcement of that fact.

Dr. Kells' concluding paragraph is a perfect interpretation of the day in which we live.

Quoth he: "I declare, whenever I read these impossible tales of dental goods salesmen as to how a dentist should run his practice, I can but wonder why some practical and successful dentist doesn't get busy and write a helpful and sensible article on the subject. Some day I may get exasperated to that degree that I will undertake it myself. I WONDER IF IT WOULD BE READ?"

I can't imagine anyone's missing an article with Dr. Kells' signature.

He takes us out where the water is deep, but it is always clear.

Obviously he is opposed to the frivolity of our day, in which belief who can criticize him?

But the equipment men are actuated by commercial facts as they exist in our time.

Witness the frivolity of our music, our theatrical shows, movies, magazines, women's styles and the like.

We are all speeding.

It is the hour of high-powered cars, aeroplanes and nerves.

Dr. Kells' great question, "I wonder if it would be read?" implies a dual doubt—one in his own mind about his brethren, and another in his brethren's minds about him.

Public School Dental Clinics

We should like to be placed on the mailing list of Directors of Public School Clinics and would appreciate any information regarding their work, copies of record systems, etc.

We are particularly interested in the educational methods employed and will be glad to exchange information at any time.

Montclair Dental Clinic,
School Administration Building,
Montclair,
New Jersey.

F. C. Brush, D.D.S.
Dental Director.

Dr. Hayes, of California, Visits Australia

A SOCIAL gathering, somewhat informal in character, of executive officers of the Dental Association of Victoria, was held at the Cafe Francais on Thursday to meet Dr. G. H. Hayes, a prominent dental surgeon from California, says an Australian newspaper which has reached ORAL HYGIENE. Dr. W. A. Morrison presided, and addresses delivered during the evening were largely devoted to advocacy of State education regarding the care of the teeth and mouth, the latter being described as "a seductive rendezvous for disease-producing germs."

Responding to a toast in his honor, Dr. Hayes said that what had struck him most in his tour of Australia was the palpable disregard of dental science. He had examined the mouths of 40 children, and in every case the six-year molars were missing or in a carious or putrescent condition. He regarded this as a calamity. To combat this, he advocated a comprehensive system of public dental education for parents as well as children, with a dental education committee recognized by the State. He desired also to issue a warning concerning the fallacy that plates are a permanent substitute for natural teeth. For hygienic reasons plates should be renewed every two years as they became pervious or permeable, and absorbed food deposits which developed into a bed of bacteria. Dr. Hayes criticised Melbourne's dental college, particularly because of the absence of an X-ray outfit and a department for research work and advanced prosthetic dentistry. He advocated the use of gold plates, and in answer to an interjector, said that a people which could spend as much as they did on beer and gambling could well afford to spend an adequate sum on the care of the mouth.

Dr. Mattingly said that if people realized how much illness and disease originated in the oral cavity they would insist on the government doing its duty in educating them as to the best methods of preserving the teeth. The average Australian was the most lackadaisical individual as regarded his teeth on God's earth. Like the small boy, he cleaned the two teeth which were seen and permitted the remainder of his mouth to remain the most perfect possible incubator for disease germs. He regretted that the dental profession had been unable to awaken legislators to their responsibilities.

He maintained that the State should appoint one dentist to each State school, and until something on these lines was introduced the position would grow worse rather than better.

Dr. Holbrook Discusses the Viscount Grey Case

Editor ORAL HYGIENE:

In your July 1920 number, under the heading, "Why" you recount the case of Viscount Grey, former British Ambassador to the United States, who was saved his sight by the diagnosis of Dr. Wilmer. In your comment you make the following statement:

"The gall of some of our medical brethren can only be counteracted by plainly stating the facts when dentists get the big results."

As a dentist and one who takes considerable pride in the achievements of the dental profession, I would like to see the profession get all the credit that is due us, but there are so many remarkable cures that happen despite us. For instance in this case. Why should a diseased tooth that dentists probably had occasion to observe be left in such a condition that it involved the sight of the patient? Was it not Dr. Wilmer who called attention to the possibility of a tooth being at fault? Is it not the architect rather than the workman who gets the credit?

Let me recite a case. Some few months ago a patient was referred to our office by an oculist to radiograph the sinuses to see if we could locate any evidence of infection. This patient was rapidly losing his vision and the doctor suspected some infection. The tonsils were eliminated as a factor. Three different dentists had examined the teeth and pronounced them in normal condition. A complete physical examination disclosed no other areas of probable infection. A radiograph of the head showed the sinuses to be clear so I suggested a radiograph of the teeth. This radiograph showed a devital molar and at our suggestion the tooth was extracted. There was a granuloma at the apex. Within several weeks' time the condition of the patient began to improve. Should the credit be given to the dental profession or to the oculist?

The dentists of this vicinity are as progressive as elsewhere in the United States, nevertheless, as a dental radiographer, I observe that most cases coming to our office are referred by physicians. As many patients come without being referred as there are patients coming from the dentists.

Does it not strike you that if we are going to take the credit we should be the first to observe these conditions?

Yours truly,

MILLARD C. HOLBROOK,
D. D. S.

Portland, Oregon.

"As a Man Thinketh—So Is He"

A Bostonian Does a Little Commenting

Editor ORAL HYGIENE:

PERMIT me to do a little commenting?

I have had the supreme delight in following up that clever series of articles with its many comments from men with hearts on fire and blood boiling, criticism from those who feel they must judge this interesting subject, "As a Man Thinketh—So Is He."

Now big brother Kells, who no doubt is old enough to be my daddy and my son's granddaddy, too, comes out with his "dentist's show case" criticism, and by this term means the sterilizing room. Now it appears to me that big brother Kells cannot see the many advantages in the "show case" so-called by him, but never thought of in such terms by me, but now I am glad to know the terms and their meanings, because I want to be thoroughly posted on all the slanderous names given to dental offices and equipment; it makes interesting reading, something light, and really should be accompanied by cartoons or "funny pictures."

Yes sir, big brother, I guess if you should see my sterilizing room you would call it a "show case" too, because, big brother, it's just where they all can see it, built and designed so they can and, to describe it briefly, let me say that truly it has a fine big French plate door, the best I could buy, and it cost real money —just so patients could have a look in.

It is sunk into the left wall of the operating room, to the left of the chair, and elevated six inches, for I believe anything so paramount as a sterilizing room—which means cleanliness — needs to be elevated both in a dental office and in the mind of patient and dentist.

Yes sir, big brother, the walls are snow white tile, ceiling included, and there are those immaculate glass shelves you cussed about, yes sir, four tiers of them on which are kept a jar of cotton rolls, pads, swabs, containers for cotton, gauze, sterile water, and other essentials which need a clean environment — and much better than lying loose in a dental cabinet, the best of which are none too good. Above all, big brother, in that room there is a unit sterilizer which smacks of cleanliness, and in this room, in the corners above the door, are two blue-white nitrogen electric bulbs, which, big brother, makes it the bright spot in my office and in the mind of that particular patient.

You can call this room what you like but names will never change my patients' minds, for brother, they do not have to breathe in the foul odors of steam filling the operating room and coming from instruments used on the other fellow, which is the case when the sterilizer is set in the operating room.

True, big brother, these instruments are thoroughly washed in

another little room with a glass door where the patient can see every move, before they pass into the sterilizer — but, be they washed or not, steam has an odor and, big brother, this steam passes through an opening in the ceiling of that "show case" and my operating room is always free from stuffy smells.

Now, brother, don't take my word for all this, but let my new patient comment, her judgment is good, she believes in a clean house and expects to receive services in a clean operating room.

This Mrs. Brown, big brother, was sent by Mrs. Smith who has also seen my "show case," and after this lady is ushered into my operating room and finally seated ready for the operation, I see her, from my little wash room, where I am washing my hands, and where she can see me, explore very carefully the operating room, and finally her eyes are fixed steadfastly on the "show case" where she sees the nurse enter with a batch of instruments wrapped in a towel, she sees them put into the sterilizing container, she notices the switch flash on which indicates the juice is turned on and the instruments are being sterilized, ah, brother—what a satisfaction!

After wiping my hands in the operating room and in her very presence, Mrs. Brown enthusiastically says, "Why, doctor, this is the first time in my life that I really was certain dentists' instruments were clean."

Big brother, they can't see through wooden doors, and they don't know your instruments are really clean without seeing some part of the operation and, doctor, when they see that little red light flash on as a signal that all is well and the batch sterilized, and see the nurse step into the sterilizing room, open the container, wipe those instruments dry, with a towel from another sterilizing container, they can't help relaxing — and commenting.

It is, however, very sad, big brother, we can't put our instruments into perfectly sterilized cabinets, but we can put them on sterile opalite trays, or aluminum containers.

Please, big brother and doctor, don't make the mistake of criticising this invention for cleanliness; it's the best yet.

Doctor, be young again, just for today, employ Mr. Starr, build a "show case" and drive the germs away.

Yours truly,

WILLIAM R. ADAMS, D. D. S.
384 Commonwealth Avenue.
Boston, Mass.

"The School Book Campaign"

Encouragement from North Carolina

Editor ORAL HYGIENE:

I have your note of January 18, requesting suggestions to be used in your fight for better school physiologies. I have thought over this matter a good deal since getting your letter, and the following appears to be about the conclusions to be drawn as I see it:

1. Of course, there has been too much anatomy and not enough, I think, common sense in the physiologies used.

2. The physiology that is contained therein is almost wholly technical and above the head of the average pupil and certainly uninteresting in the extreme.

3. The books are generally selected by a political committee representing political, professional teachers or school superintendents who know absolutely nothing about the whole subject.

4. The books as selected are generally those put out by the biggest companies who have representatives who are most expert in the art of selling "bull" to the said political, professional school folks. Generally the physiologies so sold are written on orders from the book concerns and are written specifically to sell in a certain manner to certain folks as designated above.

5. From the standpoint of teaching oral hygiene these books are written not by dentists who have a practical working knowledge of what they are trying to sell, but generally by either medical men who have never practiced or by literary men who are ignorant of the subject from a practical standpoint.

Personally, I think the subject of oral hygiene is important enough from every standpoint to require and demand a separate volume to be taught in the schools separate and distinct from other physiology subjects. I say this not because I am a dentist, because I am not a dentist, but I have studied this subject supremely from every standpoint, beginning with my own suffering as a boy from neglected teeth and inherited defects of teeth on through an experience of four years as a school teacher, and later, nine years engaged definitely in the active practice of medicine, and for the past eight years as a public health official, and vitally concerned with every phase of the subject. If anything else occurs to me as you go along, I shall fire it in.

With best wishes, I am

Yours sincerely,

G. M. COOPER, M.D.

Director.

N. C. State Board of Health,

Raleigh, N. C.

Fig. 1 Pueblo (Isleta) Indian girl in full native costume; elaborate, distinctive, individualistic. She does not steal ideas from her white sisters; she does not need to, she uses her own. Her white sisters, however, have recently borrowed her idea of the correct length of a skirt. There is a vast difference though between the Indian's heavy buckskin leg wrappings and the sheer silk stockings of Broadway.

From a Radiodontist's Viewpoint

HOWARD R. RAPER, D.D.S., INDIANAPOLIS, INDIANA
Contributing Editor

A Visit to the Pecos Ruins

WHAT I want to do is to tell you a little — oh, a very little, that is all I know — about the teeth of the ancient Pecos* (commonly pronounced Pay'kus) Indians. But before I tell you of their teeth I must tell you something of the Indians themselves.

You have doubtless heard of Comanche Indians, Iroquois Indians, Flat Head Indians, Crow Indians and Good (?) Indians, but ten to one you never heard of Pecos Indians. It is likely that you have heard of Pueblo Indians, but it does not follow that you know that the word Pueblo means "town," "city" or "village" and that the Pueblo Indians of the Southwest are the Indians who live in villages in adobe houses as distinct from the nomadic Indians, like the Navajos for example, who wander from place to place living in tents and temporary settlements.

Pueblo Indians are specifically designated according to the name of their native village. On the streets of Albuquerque (Al bu kirk key) one sees Isleta (pronounced Iss layta or Iss letta) Indians from the Isleta Pueblo, twelve miles south, San Domingo (pronounced as spelled) and San Felipe (pronounced San Fil ipp ee) Indians from the north, Acoma (Ăk'o ma) Indians from the pueblo of Acoma to the southwest, Jemez (Hay'-mus) Indians from the northwest and so on, all Pueblo Indians.

That last sentence may be somewhat misleading. It may lead the reader to believe that the streets of the city of Albuquerque are simply filled with Indians, like pretty girls on Fifth Avenue. I do not mean to say that all these different Indians are on the streets of Albuquerque all at one time; they are not. But all of them do appear, and some of them are almost always there.

And speaking of Albuquerque's streets: They are as interesting as any in America. One sees such queer combinations. Indians in full native costume (Fig. 1) and traffic "cops," for example. Street cars and bronchos; limousines and rickety buggies; cowboys with big hats and high heels, and carpenters' helpers with silk shirts; little black-eyed señoritas, little blue-eyed American babydolls; señoras in long black shawls, and American mothers in sheer waists and short skirts; mine and cattle

*Like the woman who makes promises to her unborn child, I have always promised my possible readers that "if I ever wrote an article necessitating the use of Spanish names I would parenthetically pronounce the difficult words so they would not have to slave and struggle and suffer as I have." Accordingly I am parenthetically pronouncing the difficult words for you. A student of Spanish would no doubt faint at my pronunciation. I make no attempt to be didactic. I simply tell you how I heard the natives pronounce the words. H. R. R.

owners of the "old days" their faces tanned and wrinkled from exposure to the sun and dry air, university professors from the state university; weather-beaten prospectors, and house-bleached merchants and professional men; Mexican ranchers, and mechanics from the Santa Fé shops.

Nor is this all: there are Easterners and Middle-Westerners and Southerners and foreigners. An author passes, an inventor, a painter, a musician, an aviator late of France, a Chinaman, a Jap, an Englishman, a Norwegian, a Hollander, and so on, an endless procession. For Albuquerque is a great health resort and many active participants in the recent flu epidemic have found it wise to "go to Albuquerque for a year or so." The climate is almost identical with that of southern Africa (also a great health area) I am told by a man who has lived in both places.

The climate is — well, I should say it is sun-drenched, if you know what I mean.

Tuberculosis practically never develops in white people (the Indians have no immunity to the disease) who live in the region, and if I should tell you of the number of "cures" i.e., restorations to health and usefulness, I doubt if you would believe me.

Albuquerque would be too warm (too far south) if it were not for the fact that it has an altitude of one mile, and it would be too cold (too high altitude) if it were not for the fact that it is as far south as it is.

But I was writing about Indians, not Albuquerque. I wander from the subject like Irvin Cobb writing for ten cents a word.

The great majority of the pueblos, i.e., Indian villages, of the southwest are still inhabited, but some are deserted and in ruins. The Pecos pueblo is one of the latter. It lies buried in its own debris, about 85 miles northeast of Albuquerque, only about a mile off the main line of the Santa Fe railroad near the stop Rowe. (It is less than a mile off the Santa Fe transcontinental automobile trail.)

Except for the massive standing walls of the old mission church (Figs. 2 and 3) and a small part of the pueblo which has been excavated, there is nothing in the appearance of the landscape to indicate to the innocent tourist that a city ever stood on the site (Fig. 4).

The construction of the houses were principally stone and adobe mud or clay and, though they at one time stood *four stories* high, rain and time have worn and washed them in upon themselves until they have sunk back into the hill on which they stood, a scanty vegetation, characteristic of the region, covering them now in an indifferent sort of way which is so characteristically Nature's attitude toward those things man considers interesting and important.

Pecos hill is a long peninsula-shaped elevation. It is one of many, many hills of all shapes lying in an immense basin with mountains, and mountains back of mountains, on all sides. It is in the New Mexico Rocky Mountains. The elevation is something over 7,000 feet, that is, about a mile and a half above sea level.

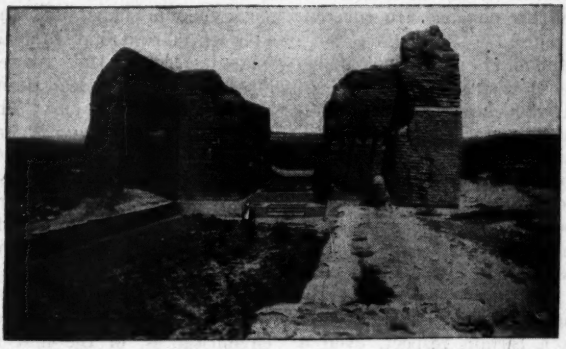

Fig. 2. Ruins of the old mission church. The careful observer will notice some modern cement work. This has been done recently to prevent complete destruction of the soft adobe.

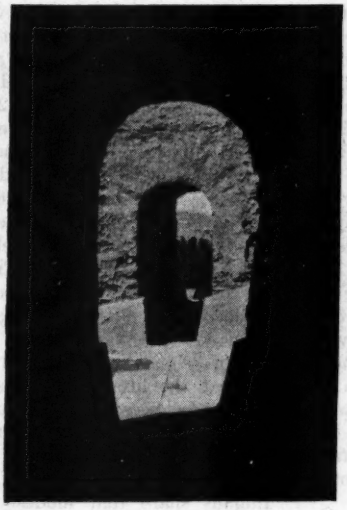

Fig. 3. Leading away on either side of the altar space are arched passageways through ten or twelve feet of adobe. The archway is an unusual form of architecture for the old missions of New Mexico. For this reason the writer tried to photograph both archways, looking through one archway across the altar space and on through the other archway. An odd thing occurs in the resulting photograph. We get a picture which on casual observation looks like a magnet. For one already in wonderment at the attraction the church held for the old missionaries who risked and gave their lives, the unexpected appearance of a huge magnet in a photograph of the church is—well it is odd, isn't it?

In the immediate distance the hills in the basin are covered with scrub cedar trees, the mountains in the far distance are covered with pines.

Stand on Pecos Hill, look at the immense beauty about you, expand your chest, as you will involuntarily, for the odor of the trees that comes to you is irresistibly fine, and in that vast expanse you feel that there is plenty of room for you to occupy a little more space — as I say, stand on Pecos Hill and look about you, and, if you are not entirely anesthetic to beauty, you will at once have a certain respect, even a sort of love, for the Pecos Indian for having chosen such a beautiful place to live — and die. For most of the tribe did die in their village rather than leave it.

Being in New Mexico, and near Albuquerque, it might be expected that the climate is "marvelous" —and it is. How delightful the sunshine must have been to the old Pecos Indians who had chills, and how fine the shade must have seemed to those with fever.

When Columbus discovered America, Pecos was the metropolis of what is now the United States, and at this time it was some 1500 years old.

It is estimated that the town was founded two thousand years ago, that is, about one hundred years before Christ was born.

At the height of its prosperity it had a population of about *three thousand*. One large *apartment house*, America's first, housed most of the population.

As previously stated, the main structure was four stories high built in terraces with ladders out of doors (no inside stairways) leading fron one floor to another. It was four-sided, more or less rectangular in shape, built about a big central square, plaza, placita (pla se'ta) or "patio" (pot'e o). Flat-roofed passages lead through the building into the plaza. There were rooms over the entry ways.

Ceremonial subterranean rooms like immense rock-lined cisterns, known as estufas (es toof'a) or kivas (ke'va) served as meeting places for the men folk. Recently a skeleton with a cross on its chest was excavated and there is a tale, probably built to fit the circumstances, of the first missionary to Pecos who sent a letter to his friends in old Mexico in which he said "As I write the men are in the Kiva plotting my death."

And this was the last that was ever heard of the priest. Whether this is true or not, it might just as well be. Let's believe it. It is said to have happened in 1542.

Compared to the town of Pecos itself the mission church, some of the walls of which still stand, is modern. It was built about 1617.

I have referred to the pueblo repeatedly as the Pecos Pueblo. It is also known as the Cicue (Se coo'yea) Pueblo. Cicue being the local name — that is the name applied to the pueblo by the Indians of the pueblo themselves.

What the literal meanings of the words Pecos and Cicue are I do not know. It is not improbable that the word Cicue has some complimentary meaning, for Indians share that modesty so characteristic of nations, tribes, communities and individuals of that breed of bulbular, bifurcated

Fig. 4. Nothing here to indicate to the unsuspecting that a city once stood on this site. Yet when Columbus discovered America the metropolis of what is now the United States stood here, and was then about 1500 years old. The unusual (for the region) number of small rocks (used in the construction of houses) would, I presume, arouse the interest and suspicion of the trained archeologist.

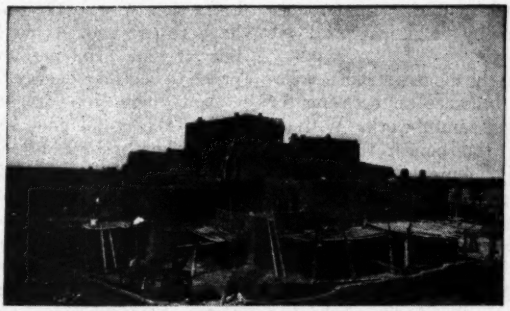

Fig. 5. This picture will give some idea of the appearance of Pecos when inhabited. The picture shown here is Taos (pronounced Touse, to rhyme with mouse), a New Mexico pueblo still inhabited and intact as illustrated. (Photograph by Dr. Kidder.)

animals who admit they are built in the image of God.

Take the Hopi (Hope'ee) Indians for example: The word Hopi means "pleasant people." Hopi is a self-given and, of course, self-used name. But to some other tribes or pueblos the Hopis are known as Moquis (Mo'keys) and the word Moqui means "dead ones."

Likewise we of the United States shrinkingly designate ourselves as "Americans," forgetting for the nonce, Canada, Mexico, Central America and a dozen or so countries in South America. But to many Latin-Americans, we are simply Gringoes.

It was on the 7th of August (1920) when I made my second and last visit to the Pecos ruins. The day before, i.e., August 6th, "complete skeleton number 763" had been excavated. This is the third season for the work, which is carried on during the summer months by Phillips Andover Academy.

When the diggers strike a skeleton, it becomes an occasion for some very careful work. Without moving the bones, the dirt is carefully removed with small knives, spatulas, and brushes. Drawings, photographs (Fig. 6) and records are made. Then Mr. or Mrs. Skeleton, if he or she is important enough, is gathered into a paper bag or box and taken back to the shack, a frame building the interior walls of which are lined with shelves filled with bones, pottery, arrowheads, pipes, stone axes and Indian stuff of all sorts.

From the shelves in the shack the stuff is carefully packed in boxes and shipped to the museum.

The positions or postures of the exhumed skeletons are interesting. Most of them lie on the side, the knees flexed high on the chest. Anyone who knows what the fetal position is, would call it a fetal posture. And having had the thought of fetal position anyone with imagination will wonder if the Indians buried their dead in this position because they, too, knew the fetal position. One imagines them solemnly placing their dead back into the womb of Mother Earth to await a re-birth on Judgment Day. An intriguing thought.

I made inquiry of Dr. A. V. Kidder, the archeologist in charge, concerning the matter. He answered in substance, "Yes, there are those who adhere to the fetal position theory. But it is more probable that the Indians folded their dead all up like a pocket knife that way so they wouldn't have to dig such a big hole to bury them. Indians are very prone to conserve energy."

And there you are, another pretty theory all shot to pieces with the battery of common sense.

The workmen on the job of excavating were all (as far as I saw) Mexicans, or, to be more exact, Mexican-Americans, or as they seem to prefer to be called, Spanish-Americans.

With so many skeletons everywhere, and dark underground chambers, and ignorant workmen I thought I might be able to find a ghost story about the place. I can imagine the whispered tales that would be afloat if the laborers were Afro-Americans. But

I could not get a ghost story from anybody. No tales of a certain skeleton that turned over on its other side; or of digging all day only to find the place mysteriously filled in again the next morning; or of strange noises at night; or nuthin'.

I think I detected one reason for this lack of ghost stories. Dr. Kidder, in charge, is not to be judged by his name, not any more than, I hope, I am. Kidder is simply a charming gentleman, it is a genuine delight to meet him—but he is over six feet tall and weighs over two hundred pounds and, and — well, if I were a ghost or a spook and wanted to cut up didoes I don't believe I'd choose Kidder's camp. And if I were one of Kidder's workmen, I don't believe I'd do anything Dr. Kidder wouldn't like, and I don't think he'd like to have me spin spook tales.

After our party had tramped about over the ruins and we had filled our pockets with bones, arrowheads, little pieces of pottery and the like (Dr. Kidder had told us we might have anything lying about and not in the sacks or boxes to take to the children (?)) we went back to the shack and there met Dr. Hooton and quite a number of Indian skulls.

(*Continued in May issue.*)

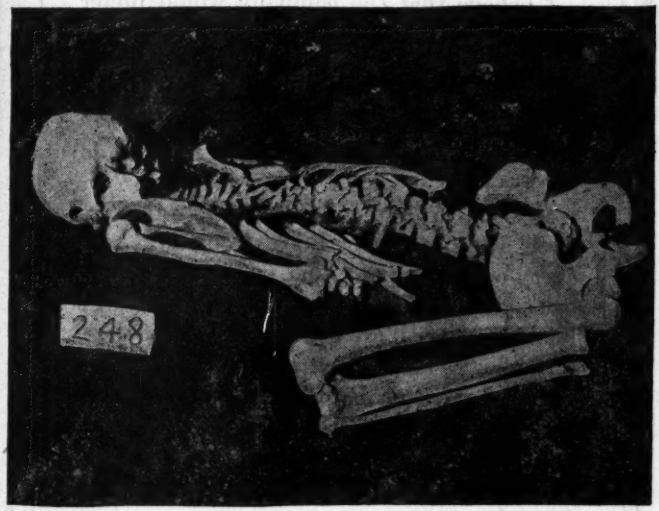

Fig. 6. Showing burial position. (Photograph by Dr. Kidder.)

EDITORIAL

REA PROCTOR McGEE, M.D., D.D.S., *Editor*
613 Jenkins Building, Pittsburgh, Pennsylvania

School Physiology

Second Sector

NOW that the Cabinet has been chosen we can turn our attention again to the teaching our children are receiving in the public schools, and private schools for that matter, on physiology.

Apparently the American Book Company publishes most of our school books.

I believe that the company would prefer accurate information to the kind they have been provided with. It is hardly up to the publisher to hunt the dentist to his lair to find out what the dental profession believes should be taught in regard to the mouth and teeth.

It is up to the dental societies to impress upon the American Book Company, and every other company that publishes physiologies, the fact that the only persons who know the mouth are dentists. Some of these physiologies are written by medical men and some are written by laymen and some are just written.

The one universal attribute of the school physiology is that, in regard to the mouth, it is punk.

All through the series, regardless of the name of the author or omission of the author's name and regardless of the approval of the ubiquitous Mary H. Hunt, there is the same inane teaching on oral hygiene.

The burden of thought in regard to the mouth is that the tooth is divided into three parts like Gaul—there is the crown, the neck and the "fang."

The enamel of the crown, it seems, is subject to caries only after it has been scratched, chipped or broken. Consequently, the children are instructed not to crack nuts with their teeth, not to drink hot tea followed by ice water, and that the use of toothpicks to jab around the gingiva is very desirable.

The children are not taught the fact that the gums are highly irritated and frequently infected by toothpicks, but they are solemnly warned, in every physiology, that the enamel may be scratched if the teeth are picked with pins or needles or steel toothpicks; wooden picks or goose quills are highly recommended.

The etiquette of picking teeth should be gone into more closely; if the job must be done let us have it done gracefully.

In these books there is a constant repetition of the word *cement* as a description of the protective covering of the tooth root.

One author, realizing the adhesive properties of cement, teaches the growing idea that the cement is a semi-hard substance which

holds the tooth in the socket, or "hole," in the bone.

This is a clever idea and would entirely do away with the annoying diseases of the peridental membrane.

Another suggests that if the teeth are crooked the child's parents should take the patient to the dentist who will "assist" in straightening the teeth. Just whom the dentist is to "assist" is not mentioned.

The children are repeatedly taught that the cuspid is the "dog-tooth" or "canine."

Why should a child's teeth be called after dogs'? It is also explained to them that the cuspids, or "dog teeth," are similar to the tusks of the elephant.

These authors fully agree that the incisors are to incise, the cuspids to tear and the molars to grind—but what on earth the bicuspids do seems to stagger them.

The same old woodcuts that Queen Elizabeth knew are used over and over again, no matter who is or is not the author.

The following extracts from school physiologies, all published and copyrighted since the Civil War by the American Book Company, are presented:

HUMAN BODY AND HEALTH, By Alvin Davison. Copyright 1910.

How the Dentist can Help—Sometimes the milk teeth do not get loose so that they can be pulled with the fingers at the right time. The second teeth then come in at one side and may never get straight in place. They then spoil the appearance of the face and do poor work in chewing. The dentist should be asked to help straighten the teeth as soon as they appear crooked.

It is very thoughtful to have the dentist "help" to straighten the teeth. What I would like to know is: who is to do the main part of the work, with the assistance of the dentist on these teeth that "appear crooked."

APPLIED PHYSIOLOGY, By Frank Overton, M. D.
Copyright 1887, 1908, 1910.

The jaws.—The lower jaw is a semicircular bone whose hinder extremities are curved upwards. Each tip forms a hinge which turns in a socket just in front of the ear. It carries a semicircle of teeth, which exactly fit against a similar semicircle upon the upper jaw.

In a young child the two bicuspid teeth resemble the molar teeth in the adult, and the three molars are absent.

Composition of teeth.—The teeth are composed of a very hard kind of bone called dentine, which in some large animals is called ivory. It is nourished by blood tubes and nerves, which enter at the tip within the jaw and form a pulplike mass in a small cavity in the center of each tooth. The root of the tooth is set into a socket in the jawbone, and a kind of soft bone, called the cement, fixes it in place. The projecting part of each tooth, called the crown, is covered with a hard shell called the enamel.

1. Would it not be just as easy, and far more accurate, to teach the children that the perpendicular portion of the mandible is called the ramus?

In my school days, the "hinder extremities" were used exclusively for sitting and spanking.

Is it not surprising to learn that the lower jaw is a "semicircular bone"?

Does the lower jaw carry a semicircle of teeth which "exactly fit against a semicircle in the upper jaw"? It does not.

2. Did you ever hear, before, of the bicuspid in the temporary set? Frank seems to be inventing a little anatomy as he goes along.

3. Ivory and teeth have very little in common.

4. This is wonderful. Here we have the logical conclusion that is drawn from calling cementum "cement." Even this M.D. person has misinformed himself to such an extent that he teaches children that the teeth are "cemented" into place.

THE ECLECTIC PHYSIOLOGY, By Eli F. Brown, M.D.
Copyright 1884.

To clean the teeth, it is well to brush them freely once or twice each day with a soft brush and water. To remove more effectually any deposit that may be upon them, occasionally employ powdered charcoal or finely pulverized chalk upon the brush. Even with this care, the saliva of the mouth will in many cases deposit a yellow crust of tartar about the edges of the gums, which needs to be removed frequently, else it will injure the enamel, and cause the teeth to appear unsightly. A quill or wooden toothpick should be used after a meal to remove any matter left between the teeth. It injures the teeth to pick them with pins.

The enamel of the teeth, while it is extremely hard, and resists the action of almost any substance, is quite easily cracked or broken. Once injured, it is never restored, hence the great care that needs to be exercised. It may be injured by any of the following simple means: by sudden changes in temperature, by very hot or cold food, by breathing very cold air through the mouth, and by cracking nuts between the teeth.

When the enamel is removed, decay of the dentine sets in, and the tooth soon presents a cavity. The decay, as it reaches the nerves within, causes pain, and if not stopped it will destroy the tooth. For this reason the teeth need to be closely watched, and as soon as a cavity is detected it should receive the attention of a skillful dentist, and be properly filled with gold or some other substance that will prevent farther decay.

By attention to cleanliness and repair, the teeth may be preserved during the life of the person, and the individual escape great pain and discomfort; besides, too, the general health will also be greatly enhanced. While the teeth add so greatly to the beauty of facial expression, they serve also as important organs in the distinct and natural articulation of sounds.

Dr. Eli F. Brown, in 1884, was very much in favor of soft tooth brushes and wooden, or quill, toothpicks.

If you will notice these copyrights you will realize the antiquity of some of the school books you are paying for as new stuff. School children and parents are entitled to new, up-to-date school books. Even the Bible must have a new translation occasionally.

The burden of thought that runs through all of this series of physiologies is that the prime factor in caries is "cracking the enamel." Actually, enamel cracks play a very minor role in the injury of the teeth. Here is another reiteration of the statement that temperature plays an important part in the injury of the teeth.

The enamel is absent from a portion of the teeth, often without "decay setting in."

THE HUMAN BODY AND HEALTH,
By Alvin Davison, M.S., A.M., Ph.D. Copyright 1908.

Care of the Teeth.—There are always living in the mouth several kinds of bacteria, some of which, when present in large numbers, cause the teeth to decay. Therefore the teeth should be brushed twice daily with a brush dipped in warm water.

The removal, after eating, of the particles of food clinging to the teeth, by means of a strong thread or wood toothpick, will help much in preventing decay. A metal pick should never be used, as it is likely to break or scratch the enamel, and it is this hard covering which prevents the bacteria from entering the dentine to cause decay. The enamel is often broken by cracking nuts or biting other hard substances.

Why dip the brush in warm water? Wood toothpicks are again recommended.

Enamel cracks are also fixed in the mind of Alvin Davison, M.S., A.M., Ph.D.

PHYSIOLOGY FOR HIGH SCHOOLS, By M. L. Macy, L.B. Assisted by H. W. Norris, A.M. Copyright 1900.

The teeth are the special organs for cutting and grinding the food. Two sets of teeth are provided. The first, which appear in infancy and are only twenty in number, are called temporary or milk teeth. They fall out after a few years, to be replaced by the permanent teeth, thirty-two in number.

Why not suggest, in this connection, that the preservation of the temporary teeth until the proper time for their removal, is of prime importance?

THE HUMAN BODY AND ITS HEALTH, By William Thayer Smith, M.D., LL.D. Copyright 1884 and 1912.

The teeth stop growing after they have taken their places; and, if they are chipped, they do not heal. They may be injured,—

1. By very hot or very cold substances.
2. By some medicines.
3. By decomposing food between them.

They should be brushed every day, and cared for by a dentist if unsound. Good health and good looks both depend much on them.

This would indicate that the teeth grow from little teeth into big teeth.

If Wm. Thayer Smith, M.D., LL.D., means the development of the tooth is complete when it takes its place, he is way off. I would like to know where he got that LL.D.

1. The injury that very hot or very cold substances do to the teeth is practically nothing.

2. Modern physicians seldom prescribe medicines that injure the teeth.

3. True.

In making these criticisms I may be asked, what do these books say that *is* correct?

Some of them have some very good material. One is really excellent.

In a text book it is taken for granted that all statements are correct. Consequently errors should be eliminated. In order to accomplish their mission these physiologies should *all* be correct.

What do you think about it?

Strictly Fresh Eggs—Fresh Eggs—Eggs

THE editor has read some of the poetry that has been sent in and urgently requests correspondents to confine their remarks to prose.

Poetry and eggs are similar in some ways.

New York's White Wings Receive Free Dental Service

> Men Wanted—Street Cleaning Department. Steady Work. Drivers, $5.60 per day. Sweepers, $5.21 per day. Examined and appointed the day you make your application. Promotion—opportunity for quick advancement to a responsible position. Vacation, Medical and Dental attention, Pension. Age 21 to 45 years. For information, apply to Municipal Civil Service Commission, Municipal Bldg., Manhattan, Room 1400.

THIS announcement is appearing in the cars in the New York subway.

The fact that dental attention is furnished to the members of the street cleaning department, and that dental attention is recognized

as an inducement in recruiting workers in that department, is another indication that the value of dental service is permeating all ranks of society.

The Children's Teeth Watch Them Carefully

A quart of milk a day is the cheapest kind of tooth insurance.

AFTER the baby teeth go, nature provides a second and larger set. But with this nature is through. This second set is all there is to come. Guard them carefully. If these are lost, science offers but feeble substitutes.

Good milk is a splendid protection for growing teeth. The generous supply of calcium, and other mineral salts, in which milk is so rich, are the very things needed to build good, strong, lasting teeth.

Milk keeps the tissues sweet and alkaline. It helps to keep the mouth wholesome and the breath sweet. Give the children all the milk they'll drink. You owe it to them.

Sheffield Farms Co., Inc.
New York

EVEN the milk companies have been reached by the oral hygiene propaganda.

The principal producers and natural consumers of milk are, if I remember correctly, a little shy of teeth in the upper jaw.

Fortunately it doesn't work that way with children.

The Ministry of Health

IF a Cabinet position devoted to health is created, the dentists of America must see to it that dentistry is properly recognized.

If the Secretary of Health is a physician, then the first assistant secretary must be a dentist.

The bill to create this Cabinet department was introduced by Senator France of Maryland.

Dentistry should get busy and see that proper representation is given, otherwise we will be in the same position as the pharmacists —that is, on the anxious seat.

The political power of the dental profession is very great and if dentistry is overlooked it will be due to lassitude.

Hard luck pursues those who do not think ahead.

DENTAL LIB. MAY 11 1921

Laffodontia

If you have a story that appeals to you as funny, send it in to the editor. He *may* print it—but he won't send it back.

I felt his soft breath on my cheek,
And the gentle touch of his hand
His very presence near me
Seemed a breeze on the desert sand.
He deftly sought my lips,
My head he did enfold,
Then he broke the silence with
"Shall the filling be silver or gold?"

The *London Lancet* says that "the progeny of a single fly during the summer often amounts to 1,427,694."

Great Scott! Just suppose it got married.

Willie—Paw, what is a reformer?

Paw—A reformer is a man who has a lot of fun seeing that other people do not have any fun, my son.

Boss to stenographer—How do you spell "income"? You've got here "i-n-c-u-m."

Stenographer — G o o d Heavens! How did I come to leave out the "b"?

"I suppose you marry a lot of eloping couples, squire. Quite a source of income, eh?"

"Yes; I git $5 for marryin' each couple an' they come in such darned haste I allus fine 'em $10 more for speedin'."

"Let's see, whom were we discussing?"

"I forget! Who went out of the dressing room last?"

Binks: "What did the Missus say, old man, when you got home last night?"

Jinks: "Sorry, Laddie—I've got some work to do today."

"Aren't you ready, dear?" called hubby from downstairs.

"As soon as I fix my hair, Henry," came the reply.

"Haven't you fixed your hair yet?" came from Henry an hour later.

"Fixed it?" shouted the female voice. "I haven't found it yet!"

SHE (*in a tantrum*): Absolutely! I'm going away to die. Give me my toothbrush and my powder puff.

—*Sans-Gêne* (*Paris*).

Following a small explosion of gas at one of the arsenals, a panic ensued among those working near, and the men broke and ran in all directions. Leading a party bound in the general direction of the railroad station was a negro, hot-footing it with a shovel still grasped in his hand. As he passed another party of sprinters, some one shouted:

"Throw that shovel away, you, throw it away!"

"Man," shouted the negro, without pausing in his flight, "I ain't got *time* to th'o it away!"